

Apr. 12. 2005 12:28PM SIMMONS, PERRINE-I.C

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FACSIMILE INFORMATION SHEET

DATE: April 12, 2005

TIME: 11:30 AM

RE: Application No: 10/710,942 Applicant: David R. Forbes et al.

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NAME OF INDIVIDUAL:

Examiner B. Miller

NAME OF FIRM/COMPANY:

USPTO - Group Art Unit 3714

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TRANSMITTING PARTY:

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15 PAGES

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MESSAGE: Please enter the following Amendment and accompanying documents.

Apr. 12, 2005 12:28PM: 1 SIMMONS, PERRINE-I.C

No. 6209 P. 2/15

Applicant: David R. Forbes
Filing date: August 13, 2004
Group Art Unit: 3714
Examiner: B. Miller
Attorney Docket No. 04Fl738

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PTO/SB/97 (09-04)

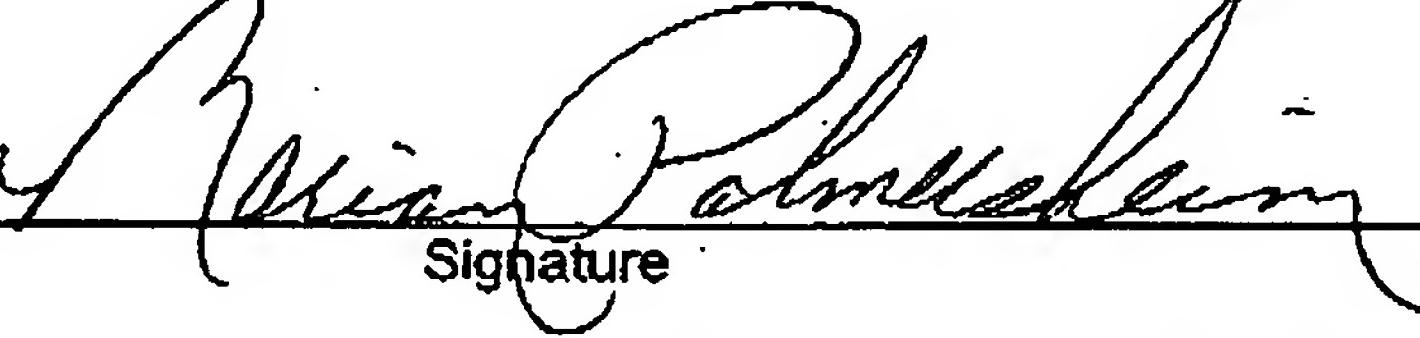
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**TRANSMITTAL
FORM**

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Total Number of Pages in This Submission

15

Application Number	10710,842
Filing Date	AUGUST 13, 2004
First Named Inventor	DAVID R. FORBES
Art Unit	3714
Examiner Name	B. MILLER

Attorney Docket Number

04F1738

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	SIMMONS PERRINE ALBRIGHT & ELLWOOD, P.L.C.		
Signature			
Printed name	GREGORY G. WILLIAMS		
Date	APRIL 12, 2005	Reg. No.	31,681

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MARIAN PALMERSHEIM

Date APRIL 12, 2005

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

65.00

Complete if Known

Application Number	10/710,942
Filing Date	August 13, 2004
First Named Inventor	David R. Forbes
Examiner Name	B. Miller
Art Unit	3714
Attorney Docket No.	04F1738

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 19-2260 Deposit Account Name: Simmons Perrine Albright

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fee Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25	
HP = highest number of total claims paid for, if greater than 20.				200	100	
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180	
- 3 or HP =	x	=				
HP = highest number of independent claims paid for, if greater than 3.						

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Terminal Disclaimer

Fee Paid (\$)

\$65.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent) 31,681	Telephone 319-887-1368
Name (Print/Type)	GREGORY G. WILLIAMS		Date APRIL 12, 2005

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PATENT APPLICATION
Attorney Docket No. 04F1738

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Applicant: David R. Forbes Group Art Unit No. 3714

Application No.: 10/710,942 Examiner: B. Miller

Filed: August 13, 2004

For: DIRECTIONALLY ADJUSTABLE TURKEY PAN CALL

April 12, 2005

AMENDMENT

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action of January 12, 2005, please amend the above-identified application as follows:

Amendment to the Title is reflected on page 2 of this paper.

Amendments to the Claims are reflected in the listing of the claims that begins on page 3 of this paper.

Amendment to the Abstract is reflected on page 4 of this paper.

Remarks/Arguments begin on page 9 of this paper.